12-01-04

DT07 Rec'd PCT/PT0 3 0 NOV 2004 NOV 3 0 2004 TRANSPITTAL LETTER TO THE UNITED STATES

OFFICE (DO/EO/US) ATTORNEY 'S DOCKET NUMBER 2846 DESIGNATED/ELECTED OFFICE (DO/EO/US) U.S. APPLICATION NO. (If known, see 37 CFR 1.5 10/516434 PRIORITY DATE CLAIMED CONCERNING A FILING UNDER 35 U.S.C. 371 TERNATIONAL APPLICATION NO. INTERNATIONAL FILING DATE 19 June 2002 19 June 2003

DT09 Rec'd PCT/PTO 3 0 NOV 2004

| U.S. APPLICATION NO. of km W. set 37 Gr 15) 6 4 3 INTERNATIONAL APPLICATION NO. | | | ATTORNEY'S DOCKET NUMBER 2846 | | | | |
|---|---|--|--|----------------------------------|---------------------|---|----------------|
| 21. The follow | ing fees are | submitted: | | | CALC | ULATIONS | PTO USE ONLY |
| BASIC NATIONAL | - | | (1) - (5)): | | | | |
| Neither internation nor international se and International S | al prelimina arch fee (3 earch Repo | ary examinati 7 CFR 1.445(rt not prepare | on fee (37 CFR 1.482) a)(2)) paid to USPTO d by the EPO or JPO | \$1080.00 | | | |
| International prelin USPTO but Interna | ninary exam ational Sear | nination fee (3 och Report pre | 37 CFR 1.482) not paid to epared by the EPO or JPC | \$\$920 . 00 | | | |
| International prelin but international se | ninary exam arch fee (37 | nination fee (3 CFR 1.445(a | 37 CFR 1.482) not paid to a)(2)) paid to USPTO | USPTO \$770.00 | | | |
| International prelin but all claims did n | ninary exam ot satisfy pi | nination fee (3 rovisions of P | 37 CFR 1.482) paid to US CT Article 33(1)-(4) | PTO \$730.00 | | | |
| and all claims satis | fied provisi | ons of PCT A | 37 CFR 1.482) paid to US | \$100.00 | | | |
| ENTE | K APPRO | JPRIATE | BASIC FEE AMO | UNT = | \$ 1,08 | 0.00 | |
| Surcharge of \$130.0 from the earliest claim | 0 for furnisl med priorit | hing the oath y date (37 CF | or declaration later than 3 (R 1.492(e)). | 30 months | \$ | | |
| CLAIMS | NUMBE | R FILED | NUMBER EXTRA | RATE | \$ | | • |
| Total claims | 12 | - 20 = | 0 | x \$18.00 | \$ 0.00 | | |
| Independent claims | 1 | -3 = | 0 | x \$86.00 | \$ 0.00 |) | |
| MULTIPLE DEPEN | DENT CLA | | , | + \$290.00 | \$ | | |
| | | | OF ABOVE CALCU | | \$ 0.00 |) | |
| Applicant claim are reduced by | | ty status. See | e 37 CFR 1.27. The fees | indicated above | \$ | | |
| | | | | JBTOTAL = | \$ 1,0 | 30.00 | |
| Processing fee of \$1 from the earliest claim | 30.00 for fu med priorit | rnishing the ly date (37 CF | English translation later the R 1.492(f)). | nan 30 months | \$ | | |
| | | | TOTAL NATIO | NAL FEE = | \$ 1,08 | 0.00 | |
| Fee for recording the accompanied by an a | e enclosed a appropriate | ssignment (3 cover sheet (3 | 7 CFR 1.21(h)). The assi 37 CFR 3.28, 3.31). \$40. | gnment must be 00 per property + | \$ 40.0 |)0 | |
| | - | | TOTAL FEES E | NCLOSED = | \$ 1,12 | 0.00 | |
| | | | | | | nt to be unded: | \$ |
| | | | | | cl | harged: | \$ 1,120.00 |
| b. Please char A duplicate c. The Comm overpayme d. Fees are to | ge my Depo copy of thi issioner is h nt to Depos be charged | osit Account is sheet is encountereby author it Account Note to a credit car | to cover the total | the amount of \$ | e require is enclos | ed, or credit ar sed. e public. Cre | ny dit card |
| or (b)) must be file SEND ALL CORRESPO Kimberly V. Perry Patent Counsel | d and gran | ted to restor | under 37 CFR 1.495 has e the application to pend | SIGNATU Kimberl | Pr RE | | R 1.137 (a) |
| U.S. Surgical, a d | | NI ID I D | | NAME | 2 | | |
| TYCO HEALTHO 150 Glover Aven | | OF LF | | 43,612 | | | |
| Norwalk, CT 068 | | | | REGISTRA | ATION NU | JMBER | |

proved for use through 07/31/2006. OMB 0651-0032 demark Office; U.S. DEPARTMENT OF COMMERCE action of information unless it displays a valid OMB control number. U.S. Patent a Under the Paperwork Reduction Act of 1995, no persons are required to res

| FEE | TRA | AN: | SMI | TT | AL |
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| • | for I | FY | 200 | 4 | |

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

| 121 | 1 | 120.0 | าด |
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| porta to a competitor of information, and on a copy of a value of the control manner. | | | | |
|---|-------------------------------|--|--|--|
| Complete if Known | | | | |
| Application Number n | TO Recalined/PTO 3 0 NOV 2004 | | | |
| Filing Date | Concurrently Herewith | | | |
| First Named Inventor | Joseph P. Orban, III | | | |
| Examiner Name | Unknown | | | |
| Art Unit | Unknown | | | |
| Attornov Dookst No. | 2846 | | | |

| METHOD OF PAYMENT (check all that apply) | FEE CALCULATION (continued) | | | |
|--|--|------------------------|--|--|
| Check Credit card Money Other None | 3. ADDITIONAL FEES | | | |
| Deposit Account: | Large Entity Small Entity | | | |
| Denosit | Fee Fee Fee Fee Description | Fee Paid | | |
| Account Number | 1051 130 2051 65 Surcharge - late filing fee or oath | | | |
| Deposit Account U.S. Surgical | 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet | | | |
| Name The Director is authorized to: (check all that apply) | 1053 130 1053 130 Non-English specification | | | |
| Charge fee(s) indicated below Credit any overpayments | 1812 2,520 1812 2,520 For filing a request for ex parte reexamination | · | | |
| Charge any additional fee(s) or any underpayment of fee(s) | 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action | | | |
| Charge fee(s) indicated below, except for the filing fee | 1805 1,840* 1805 1,840* Requesting publication of SIR after | | | |
| to the above-identified deposit account. | Examiner action | | | |
| FEE CALCULATION | 1251 110 2251 55 Extension for reply within first month | | | |
| 1. BASIC FILING FEE | 1252 420 2252 210 Extension for reply within second month | | | |
| Large Entity Small Entity | 1253 950 2253 475 Extension for reply within third month | \vdash | | |
| Fee Fee Fee Fee Fee Description Fee Paid Code (\$) | 1254 1,480 2254 740 Extension for reply within fourth month | | | |
| 1001 770 2001 385 Utility filing fee 1080.00 | 1 1255 2,010 2255 1,005 Extension for reply within fifth month | | | |
| 1002 340 2002 170 Design filing fee | 1401 330 2401 165 Notice of Appeal | | | |
| 1003 530 2003 265 Plant filing fee | 1402 330 2402 165 Filing a brief in support of an appeal | \vdash | | |
| 1004 770 2004 385 Reissue filing fee | 1403 290 2403 145 Request for oral hearing | $\vdash \vdash \vdash$ | | |
| 1005 160 2005 80 Provisional filing fee | 1451 1,510 1451 1,510 Petition to institute a public use proceeding | | | |
| SUBTOTAL (1) (\$) 1,080.00 | 1452 110 2452 55 Petition to revive - unavoidable | \vdash | | |
| | 1453 1,330 2453 665 Petition to revive - unintentional | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSU | 1501 1,330 2501 665 Utility issue fee (or reissue) | <u> </u> | | |
| Extra Claims below Fee Pai Total Claims 12 -20** = 0 X 18.00 = 0.00 | 1502 480 2502 240 Design issue fee | | | |
| Independent | 1503 640 2503 320 Plant issue fee | | | |
| 1 -3** = 0 X 86.00 = 0.00 | 1460 130 1460 130 Petitions to the Commissioner | | | |
| | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) | | | |
| Large Entity Small Entity | 1806 180 1806 180 Submission of Information Disclosure Stmt | | | |
| Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20 | 8021 40 8021 40 Recording each patent assignment per property (times number of properties) | 40.00 | | |
| 1201 86 2201 43 Independent claims in excess of 3 | 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) | | | |
| 1203 290 2203 145 Multiple dependent claim, if not paid | 1 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b)) | | | |
| 1204 86 2204 43 ** Reissue independent claims over original patent | 1801 770 2801 385 Request for Continued Examination (RCE) | | | |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent | 1802 900 1802 900 Request for expedited examination of a design application | | | |
| SUBTOTAL (2) (\$0.00 | Other fee (specify) | | | |
| SUBTOTAL (2) (\$\)\(\begin{align*} \text{U.UU} \\ \text{**or number previously paid, if greater; For Reissues, see above} \end{align*} | *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.0 | 0 | | |
| at the provided plant, in ground, it or residence, ded above | - ; , (+/ | | | |

| SUBMITTED BY | | | (Complete (if applicable)) | | |
|-------------------|-------------------|--|----------------------------|--|--|
| Name (Print/Type) | Kimberly V. Perry | Registration No. (Attorney/Agent) 43,612 | Telephone 203-845-4562 | | |
| Signature | I Dollar | | Date 11/29/04 | | |

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EJ 853409624 US addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450.

11/30/04 Dated:

Vanessa M. Rosado

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Joseph P. Orban, III

Examiner:

To Be Assigned

Group Art Unit: To Be Assigned

Serial No:

To Be Assigned

Filed: Concurrently Herewith

For:

METHOD AND APPARATUS FOR ANASTOMOSIS

CERTIFICATE OF EXPRESS MAILING

"Express Mail" Mailing Label No.: EJ 853409624 US Date of Deposit: Nov. 30, 2004

I hereby certify that the following:

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- [x] Transmittal Letter to the U.S. Designated/Elected Office (DO/EO/US) Concerning a Filing Under 35 USC 371
- [x] Fee Transmittal
- [x] Executed Patent Assignment for Recording
- [x] Recordation Cover Sheet
- [x] A patent application consisting of <u>16</u> pages of abstract, specification and claims
- [x] 6 sheets of [x] formal [] informal drawings
- [x] Executed Declaration and Power of Attorney
- [x] Preliminary Amendment
- [x] Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the Date of Deposit indicated above in an envelope addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. box 1450, Alexandria, VA 22313-1450.

Vanessa M. Rosado

United States Surgical, a division of TYCO HEALTHCARE GROUP LP 150 Glover Avenue Norwalk, CT 06856 (203) 845-1172